



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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DR. HARRIETTE WILLIAMS, CHAIR

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **June 7, 2004**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Joyce Fahey
Brenda Galloway
Phalen G. Hurewitz
Helen Kleinberg
Sandra Rudnick
Adelina Sorkin
Dr. Harriette Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Daisy Ma
Christina S. Mattingly
Dr. La-Doris McClaney
Trinity Wallace-Ellis, Youth Representative

APPROVAL OF THE AGENDA

The agenda for the June 7, 2004, meeting was unanimously approved as amended, to move the report on the Youth Permanency Pilot before the Chair's Report.

APPROVAL OF MINUTES

The minutes of the May 17, 2004, general meeting were held for further clarification.

NEW BUSINESS

Youth Permanency Implementation Pilot

Trish Ploehn summarized the multiphase process taking place within the department to achieve permanency for youth 14 and older. This is part of an overall effort to reduce overall timelines to permanency that has included:

- The adoption initiative starting in January 2003 that established 11 workgroups within the department
- The 120-day home study project (June to October 2003), during which 1,600 home studies were performed
- The co-location of adoption and line staff in the Torrance office, piloted between October 2003 and January 2004
- Beginning in January 2004, the consolidation of foster parent and adoptions recruitment and home studies, so that if foster parents choose to adopt at a later date, the high-level orientation, training, and home study is already complete

Ms. Ploehn distributed several handouts.

- A chart showing the decrease in time to adoption from fiscal year 2001–2002 through fiscal year 2003–2004
- A summary of the concurrent permanency planning system redesign proposal
- Detail on each step from detention to adoption finalization, and how responsibilities would shift under the new proposal
- A timeline of how the redesigned system would achieve adoption finalization in 24 months
- A comparison of current average timelines versus timelines in the proposed process; reductions will be achieved through integrating concurrent planning, streamlining the sometimes cumbersome process of terminating parental rights, and fully integrating adoptions and line staff responsibilities
- The executive summary of *A Plan for Increasing Permanency for Los Angeles Foster Youth Ages 14 Years and Older*
- A handout about the Permanency Partners Program, a partnership between the department and the Consortium for Children

The thrust of the program for older youth lies in ‘mining cases’ for people with whom the young person has had a past relationship who may be willing to be part of the child’s life now. This is time- and labor-intensive, and costs money. The department identified a state contract with Consortium for Children, an organization with 350 adoptions mediators statewide, and received approval for a pilot with the Consortium to prove that the

proposed methodology works. Starting in July 2004, 20 local mediators will identify a pool of 100 youth who have been in care for at least 24 months, from which they will randomly choose 50 youth, two to five per mediator. Mediators will read the cases and talk to the youth, determining who may have been important to them in the past. Private investigators, also on staff, will try to locate individuals and make connections that, it is hoped, will lead to permanent bonds for these youth.

When the proposal was presented to the Board deputies last Thursday, Ms. Ploehn said that they suggested utilizing MacLaren Children's Center funding, and that will be explored.

A final report on Permanency will be made to Commissioners in August.

In answer to a query from Commissioner Sorkin, Ms. Ploehn clarified that the statistics shown in the first six handouts were for all children in the system, not just those 14 and older. Commissioner Fahey expressed her pleasure that the equivalent of a 'cold case unit' was being established. In her experience with past cases, children were sometimes removed from foster homes for reasons unrelated to the home itself, yet the foster parents were seldom contacted again if the child returned to the system. She sees those families as a tremendous resource for possible permanent relationships for these youth.

In response to Vice Chair Biondi's question about the number of youth involved, Ms. Ploehn said that in the previous two years, approximately 2,000 adoptions had been finalized, whereas between October 2003 and the end of May 2004, approximately 1,400 children had been adopted. Departmental director Dr. David Sanders said that approximately 15,000 youth in permanency planning have been there two years or longer.

For children in situations where adoption seems likely, Vice Chair Biondi asked, has concurrent planning not always taken place? Though it has been talked about since 1996, Ms. Ploehn answered, the concept had not really taken hold with any urgency until now, when top leadership is so clearly committed. At the child's six-month hearing, if reunification with the family is not expected, a permanency plan must be identified. At the twelve-month hearing, that plan must be activated.

CHAIR'S REPORT

- Chair Williams and Commissioner Ma recently attended the county's Commission Leadership Conference at which Dr. Sanders spoke. They gathered many promotional ideas that may be applicable to the Commission's 20-year anniversary celebration.
- The co-chairs of the Commission's workgroups are all aware of the need to begin combining their recommendations, in light of the department's September 30 deadline to submit the Performance Improvement Plan to the state.

DIRECTOR'S REPORT

- A final decision on filling the Emancipation Division Chief's position should take place within the next couple of weeks, and interviews for the Chief Deputy position should begin within that same timeframe.

- The group home RFP is nearly complete, now that feedback from the prospective bidders' conference has been incorporated. The final version should be out soon, and contracts are scheduled to start on September 1.
- As the department considers its performance measures, it recognizes that it has a way to go with reunification efforts, and Dr. Sanders believes that the focus on concurrent planning will help. In terms of safety, incidents of child abuse in foster care have dropped by 40 percent, which Dr. Sanders plans on discussing further at another time. Regarding detentions, 3,900 petitions have been received this year as opposed to 4,500 last year. The department is now focusing on children in long-term foster care.
- Commissioner Sorkin asked if at the next meeting, Dr. Sanders might address the cut-back to 38 beds at Metropolitan State Hospital; according to Department of Mental Health director Marv Southard, intake there has been frozen.

WORK GROUP REPORT—Prevention Recommendations

Facilitator Toni Saenz Yaffe reviewed the work group process from the initial request from the Board of Supervisors through the five meetings that have taken place since April, all of which have included 60 to 70 participants from an extremely broad range of governmental and community stakeholders. Attendees heard presentations on state and Federal child welfare system improvement plan requirements, existing and planned prevention-oriented efforts, data on disproportionality, and funding options.

Key concepts in the prevention plan are:

- A consensus definition of prevention
- Incorporating, improving, and sustaining existing programs that are working well
- Addressing disproportionality
- Improving access to family-friendly, culturally sensitive services
- Strengthening collaborations between programs and communities
- Assuring that community members are not only consumers but partnership participants

The work group established three committees—on primary, secondary, and tertiary prevention—that met independently, then compared and integrated their work. The draft plan was adopted on June 2, 2004.

Jacquelyn McCroskey distributed materials and reviewed the definition of prevention, which includes a continuum of efforts for children who are 'in the house' (receiving services from the department), 'on the porch' (high-need or at risk of maltreatment), and 'in the neighborhood' (who may face maltreatment in the future).

Primary prevention focuses on the community and the neighborhood. The plan recommends funding, organizing, and integrating resources in eight geographic and at least one nongeographic high-need community, focusing on areas where disproportionate numbers of children are involved in the system. A countywide umbrella coalition will be formed to plan and oversee the implementation, identifying funding streams, providing cross-

agency training/technical assistance, and concentrating on an asset-based approach to building capacity. Funds to make up a centralized funding plan that can knit together existing resources may come from First Five L.A.'s Partnering for Families initiative, possible IV-E waiver monies, and perhaps family preservation and family support dollars.

Angela Carter outlined two models for the secondary tier of the prevention plan, which overlays the primary tier and focuses on high-need, at-risk children and families.

The goal of Concept One is to identify and build on what's working within communities, looking at community partnerships at the subSPA/grassroots level in natural settings like child care facilities, schools, and faith communities. Residents identify what's needed in their neighborhoods and formal governmental systems join community efforts instead of acting as lead. (SPA 8's asset-based community development project is an example).

The goal of Concept Two is to engage families in team decision-making whose cases are deemed "inconclusive" in terms of substantiating child maltreatment. Both the Wateridge and Compton offices have begun implementing this model, which will be replicated. High-risk target populations include emancipating youth, parents of children with developmental disabilities, pregnant teens, and kinship care providers. One critical need is for county departments to partner effectively with each other, and to develop memoranda of understanding to that end.

Dr. Charles Sophy discussed the tertiary prevention level, which focuses on children known to the system. It includes a family unit approach that will strengthen early intervention and multidisciplinary efforts, plus the pilot of a charter foster home development program in communities with large populations in out-of-home care.

Dr. McCroskey briefly reviewed the cross-cutting key elements of the overall prevention plan, including the creation by the Board of Supervisors of the Countywide Prevention Coalition to oversee the plan, and the recognition that its ultimate success will require participation far beyond county departments. The Chief Administrative Office may want to create a finance subcommittee to look at resources from a broad array of partners. The plan incorporates the family support principles adopted by the Board of Supervisors in 2001, as well as the belief that departments and community-based organizations should work to increase both a family's capacity to meet its own needs and a community's capacity to act on its own behalf. Operational elements include ongoing assessment and tracking, collaborative training, interdepartmental teamwork, the resolution of barriers to information-sharing, and public information campaigns. Accountability and measurable outcomes are vital, beginning with information that the department already tracks, by ethnicity, geographic area, and age.

Vice Chair Biondi asked about mapping existing resources, and Dr. McCroskey responded that the Healthy Cities, Healthy Families website run by Childrens Hospital Los Angeles (www.healthycities.org) has gathered much useful data in one place.

Commissioner Fahey asked about Concept Two within secondary prevention, and how families with “inconclusive” cases would be engaged. Ms. Carter reported that community agencies have said they possess the skill and ability to do that; sometimes the fear of departmental involvement is enough to motivate families. How the department interacts with families from the start, Dr. Sophy added, will also be a factor.

Commissioner Kleinberg asked about the concept of centralized versus decentralized services; if target communities are selected, is the work done within the SPA, in regional offices, or centrally? Dr. McCroskey acknowledged the continuing dynamic tension between the two models, saying that the levels of decision-making must balance the role of the umbrella coalition, the role of each coalition member, and the role of the identified communities. It’s clear that communities are not all the same. Commissioner Kleinberg also asked about prevention dollars being spent and information being collected on very young children (birth to five); Dr. McCroskey said that data is being gathered by age as well as by location and ethnicity.

Commissioner Hurewitz praised the work group’s efforts and counseled them to consider the budget of the department in finalizing the plan, yet also to take into account possible private grants or foundation funding for this work. He distinguished between county funds and First Five L.A. funds, which are monies received from a state-wide tax, and stated his belief that the department should make a monetary commitment to this plan.

Commissioner Curry considered the overall prevention model to be good but expressed concerns that a greater emphasis was not placed on the philosophy that prevention starts long before a family becomes involved with the Department of Children and Family Services—with jobs, housing, welfare, etc. Intervention is only necessary, she maintained, when other agencies fail to do their jobs. She would like to see a shift of focus to reflect that philosophy—to change the plan to a county plan rather than a DCFS plan, with the lead for primary prevention, for example, being another agency. Certainly a coordinating body is necessary, but she believes that leadership must come from within the Chief Administrative Office to hold everyone accountable, since departments cannot tell other departments what to do. Funding sources mentioned in the plan include family preservation and the IV-E waiver, but not other agencies that could be equally important—the \$10 million in Federal dollars awarded to the Community Action Board to fight poverty, for example.

Conversations are ongoing with Chief Administrative Officer David Janssen and First Five director Evelyn Martinez, Dr. McCroskey said, but the work group was reluctant to promise anyone’s participation without their agreement. She will certainly communicate these concerns.

Because of the Children’s Planning Council’s needs assessments, Chair Williams had thought of that body as the umbrella organization, but conceded that Commissioner Curry was right and a broader picture was needed. Commissioner Curry cited the success of the emancipation body convened as a public/private model by the Chief Administrative Office. The United Friends of the Children committed dollars to that effort, as did the

Casey Family Foundation. Commissioner Curry stressed the concept of ‘partnership’ instead of ‘collaboration’ as being more meaningful.

Commissioner Sorkin suggested the inclusion of the Department of Health Services’ WIC program in the chart of existing services, since it provides services for pregnant women and children under age five, ensuring that they have appropriate nutrition and health screenings.

Commissioner Kleinberg asked if the work group had considered a primary-level focus on a single area having considerable impact on child safety, such as drug and alcohol abuse. Dr. McCroskey said that research had borne out the chicken-and-egg conundrum of such an approach: you don’t really do different things to prevent different syndromes within communities. Everything aligns; nothing is siloed. Work group discussions—of which there were many—decided on the natural experiment of asking communities what is important to them. Some may identify a particular issue; others may not. Building community capacity will be a significant effort.

Mary Emmons, director of the lead agency for First Five’s Partnership for Families, agreed with the interconnectedness of the primary and secondary prevention levels, especially in terms of First Five’s target population (birth to age five). However, she believes that the plan should recommend studying—not setting up—a coalition of county, quasi-county, and community members. A minimum of 25 bodies already exist that are related to these efforts, and creating a new one would build yet another level of complexity.

Dr. Sanders characterized the plan as both concrete and a work in progress, acknowledging that the prevention structure in Los Angeles County does not work well and that budget issues and historical impediments, as well as the ongoing challenge of centralization versus decentralization, would continue to be factors. The Board deputies want to make sure that the recommendations of the three work groups, which all have different structures and are working differently, fit together. In keeping with the department’s deadline of September 30 to submit its Performance Improvement Plan to the state, Chair Williams mandated the Commission’s deadline for approving final work group recommendations as August 30. She thanked the work group’s co-chair, Vice Chair Rudnick, for all her work, and Vice Chair Rudnick in turn thanked work group members.

Commissioner Hurewitz moved to approve the prevention work group’s plan in concept, recognizing that refinements and additions would be made prior to its finalization. Because of changes that may be required to align this report to those of the other work groups, Commissioner Kleinberg suggested that such approval might be premature, and Commissioner Hurewitz withdrew his motion.

Commissioner Fahey moved to approve the prevention work group’s preliminary report, subject to modifications needed as it is combined with reports from other work groups. Commissioner Kleinberg seconded the motion, and it was unanimously approved.

NEW BUSINESS

Approval of Response Letter to Kin-GAP Survey Participants

In April, a survey went to 7,000 relative caregivers under the Kin-GAP program; 2,300 of those surveys were received back, and a letter was drafted to thank those who responded.

Commissioner Sorkin moved that the draft letter of thanks be approved, and Commissioner Hurewitz seconded the motion. It was unanimously approved.

PUBLIC COMMENT

Michael Jeffries and Sharon Dent-Bray from Unit 777 of SEIU 535 asked the Commission's support for stopping the curtailment of 263 clerical items within the department's regional offices. At present, many offices have four clerical workers for every ten children's social workers, though some have as few as two and a half. When CSWs are forced to do their own clerical work, it becomes a child safety issue, since that is time taken away from children and is a contributing factor to staffing stability.

According to Dr. Sanders, an appropriate formula for clerical support has not been determined; even filling the 263 positions in question (now vacant because of hiring freezes) would not bring all offices up to the 4:10 ratio that may or may not be sufficient. Commissioner Kleinberg raised the issues of clerical supervision and whether or not office computerization would change the needed ratio.

MEETING ADJOURNED